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MODERN METHODS IN PYORRHEA TREATMENT

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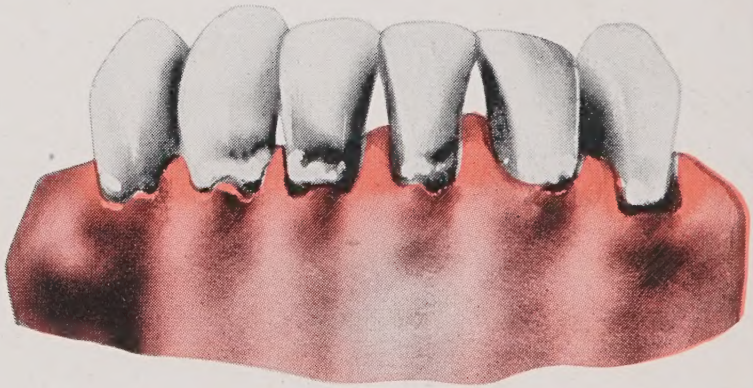

A Very Common Condition

Cases like this usually yield to treatment readily.

Model supplied by a dentist who uses Martin's treatment in his daily practice.

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Extracts from Dental Journals

"You will recognize from the facts * * in the literature up to the present time, that it is relatively impossible to destroy bacteria without destroying body tissue cells, except for one possibility: It looks as though it were probable, to some degree, to do this, through bacteriolysins and anti-bodies of that order. These are the only factors to our knowledge that will destroy bacteria without destroying living tissue cells."

Definition: "Bacteriolysin: An anti-body formed in the blood as a result of infection, and capable of destroying the bacteria of the infection."

"Reagents which we now use, organic and inorganic chemicals, physical and mechanical forces, do destroy living tissue cells practically to the same extent that they do bacteria; but we have one factor in favor of destroying bacteria in the presence of living tissue cells: We may sterilize infected tissue—transform an *active* agent into an *inactive* agent, in the presence of a *rapidly-regenerable body tissue.* And it may be that what may kill bacteria, may *stimulate* certain living tissue cells to *renewed activity;* * * * a change in the body tissue cells so they will secrete * * * an anti-toxin, or some cytolitic agent, which will take care of the bacteria, not alone of the toxin."

Definition: "Cytolitic: Pertaining to or causing cytolisis; the dissolution or destruction of cells.

"Cytolisin: An anti-body which produces destruction of cells. Cytolisins which have a specific action for certain cells are named accordingly, as Hemolysins, etc."

"We use two terms: antiseptic or inhibitive; and disinfection or sterilization. The former is really the checking of the growth of bacteria, or the neutralization of toxins. Disinfection or sterilization means destruction of the bacteria themselves."

"Surprising results came from a series of experiments Concentrated sulphuric acid did not kill the bacteria in five minutes. Hydrochloric acid (about 28%) was effective in five minutes. Iron salts, saturated solutions, were active in two hours. Copper sulphate was active in about the same time. Bichlorid of mercury

was active in all its concentrations in five minutes. Aluminum chlorid inhibited the growth of bacteria in two hours, but did not prevent the growth."

"The effect of the heavy metal salts is known. In some cases, where there is not a proper content of blood or body tissue sufficient to antagonize such ions, * * * many of the living body-cells are destroyed more rapidly than the bacteria."

"The study of the direct action of electrolytes, electric current, and electrolytic products upon bacteria seems to indicate that, unless we use other ions than those that have been used, we cannot destroy, under conditions which prevail in the human body, bacteria without destroying living tissue cells."

"The bacteria you are attempting to destroy may be in the peridental membrane, between that and the tooth tissue, between that and the alveolar tissue. To concentrate a mass of reagent so that it will destroy the bacteria and not the living tissue cells, you have a complex problem."

"It requires a certain mass of the reagents to change the active bacteria into inactive agents. And this change takes time. You cannot expect disinfection to occur immediately, and you cannot have the same results about the teeth that are recorded in the test-tube experiments."

Interstitial Gingivitis and Pyorrhea Alveolaris

Their Origin, Nature and Treatment

FOR MANY YEARS the dental profession has been divided into more or less contentious bodies with relation to the Cause, Nature and Treatment of these *two* diseases of the oral cavity.

This disagreement has hinged upon the question of the origin of these affections, leading, of course, to widely divergent ideas as to methods of handling them.

One side has maintained that they are simply local troubles, to be treated as such by purely local means.

The other group has contended that mouth conditions are to be regarded as merely and always symptoms of a deeper disturbance, of "systemic disorders," which no kind or extent of local treatment can eradicate.

Not a little confusion has been injected into the discussion by the position held by some, possibly by the majority, that the two disorders are identical; or that the two are but different stages of the same disease; that one is necessarily and always the successor of the other, even if not its natural and inevitable result.

The best conclusions tend to indicate that neither of these positions is correct, and that grave mistakes have occurred in the past through too rigid adherence to one or the other of them.

It is quite true, so far as is now known, that inflammation ("Itis,") always precedes a flow ("Rhea") of pus; but it is not true that the formation and flow of pus always and necessarily follow every inflammation.

In the vast majority of cases of inflammation in any part of the body the infection is destroyed and the inflammation is reduced before the final, or suppurative, stage is reached.

An "itis" may appear and disappear without giving rise to a "rhea," even though a "rhea" cannot appear unless an "itis" has run its course, when the infection has terminated, locally, in a pus-yielding focus.

There may be Gingivitis, interstitial, or marginal, or both, that does not pass on into Pyorrhea.

As a matter of fact with which all are familiar, very few of us pass through life without entertaining many attacks of inflammation, gingival and other varieties, caused by injuries that become infected, which either "get well of themselves," by the unaided efforts of the reparative forces of the bodily organism, or are reduced by some simple home remedy; so-called "canker-sores," as an instance.

WHAT PYORRHEA IS

Bearing in mind the well-known category: Infection, Congestion, Hyperemia, Inflammation, Suppuration, we can recognize the fact that Pyorrhea Alveolaris is a pus-yielding affection of the tissues of the mouth that has passed through the first stages either in the mouth or at some other point in the body.

To refer again to the difference of opinion as to whether these two diseases are of purely local or entirely systemic origin, it seems evident that sometimes they are local and sometimes they are systemic—sometimes one, sometimes the other, and not infrequently both factors have their influence jointly.

Sometimes Pyorrhea Alveolaris is the final result of a local injury, admitting infection. Sometimes it is the result of some kind of lesion which incites or induces the escape of poisons through the gums that may have had their infective origin in some other part of the body.

Sometimes the systemic condition has been brought about by a neglected case of primary infection in the gingiva; or by an abscessed tooth; but not necessarily so. Anything of the kind anywhere in the body, no matter what its origin, may become the source of systemic poison; and f the reparative forces of the body are strong enough, that poison is sure to be thrown out—possibly through the mouth, probably if lesions exist there; but not at all necessarily. The infective debris may be ejected through "boils" on the neck, carbuncles under the arms, or similar "gatherings" anywhere. An open-

ing, a wound or an irritation at any point may act as an inducement for the poison to collect at that point, for the simple and obvious reason that it is easier for the scavengers of the body to force a passage through at that place than at any other.

A systemic disorder, no matter what its origin, that manifests as a "flowing sickness," a "Rhea," always has the same history, no matter what portal of discharge may be chosen. The outlet need not necessarily have any relation to or connection with the inlet, although they may be identical.

Such a disorder may have its origin in the mouth; or may be the result of infection at any other point. The result would be the same, so far as the discharge is concerned. Nature is the one great economist, and never wastes effort. The easy way, the most direct way out, the path requiring the least effort, would be the one chosen.

SPECIFIC ORIGIN UNKNOWN

That Interstitial Gingivitis or Pyorrhea Alveolaris is the result of the invasion of some particular type of pathogenic bacteria is suspected but not proven. The fact that certain micro-organisms have been isolated by analysis of the discharge proves nothing as to origin. The same types are found elsewhere, in other discharges; those found in pyorrheal discharges are not always the same; and thus far their presence is considered just as probably incidental as causative.

Another factor that adds to the obscurity that surrounds the question of origin or cause is the well-known fact that certain bacteria possess the bewildering faculty of changing form, of adapting themselves to changes of environment, as it were: so that an organism that seems to be of one type today, may be quite another tomorrow.

Process and Progress

When any kind of foreign micro-organisms gain a foothold within the body (Infection), the defenders, the Phagocytes (literally "The Eaters"), rush instantly, to the point of attack, in an attempt to destroy the invader before he has had time to "dig himself in" literally, and multiply to a point beyond control.

They crowd themselves in, jambing themselves together; and it is just this crowding in and jambing together, with the multiplication of the invader, that produces the second stage: "Congestion."

The blood is held in veins and capillaries, the arteries are practically dammed; and this gives rise to the next stages, "Hyperemia" and "Inflammation," the latter meaning heat above the bodily normal.

If there were no resistance, there probably would be no inflammation. Students of such matters now state that any discomforting symptoms are evidences of resistance. Some medical writers say that every symptom indicates recovery, because it shows that the bodily forces are aroused and at work.

If the Eaters succeed in capturing and destroying the invaders promptly, the Inflammation and Congestion soon disappear, and that is the end of that particular infection. If this result always came about, there would be no need for outside interference, medical or surgical; unfortunately, however, such is by no means the constant result. Often the system is so depleted that it cannot produce anti-bodies, defenders, rapidly enough or vigorous enough to repel the invaders, which find congenial quarters and multiply more rapidly than the defenders and are sufficiently virulent to promptly secure the advantage.

LOCAL OR CHRONIC

This invasion represents one kind of Gingivitis, a primary infection, that may be met and destroyed promptly at the port of entry. When the body is below

normal from any cause, aid must be rendered from outside. Then the question becomes one of choice based upon experience.

Two methods of interference are known: One, the application of powerful germicides; the other, the stimulation and toning-up of the tissues so as to increase their resistance. It is now known that any bactericide strong enough to destroy the invaders is almost certain to work injury upon the tissues themselves, and leave them in worse condition than it found them, so far as ability to resist and recover is concerned.

If a primary infection be properly met by a sufficient body of vigorous defenders, victory is comparatively easy; and there is no more reason to anticipate a return than there was to expect the original infection—not quite so much, in fact, since the resisting power of the tissues has been raised to a point where some immunity may be expected.

The other type of Gingivitis, usually not discovered until it has become a Pyorrhea, results from and is the outward manifestation of systemic disorders, some times of one type and sometimes of another. In such cases the mouth-trouble may be eliminated promptly and properly, but it will appear over and over again, until a searching clean-up of the entire system has been made. You may dip water out of a spring, but it will fill up again until its source is found and destroyed. This is the reason why so many dentists are discouraged in their treatment of these troubles; and it also is the reason why so many others are successful.

THE OLD WAY OF TREATING PYORRHEA

During the world war, just closed, the surgical and medical men who are in close touch with conditions made a great discovery, one that revolutionized treatment at the Front, and seems likely to change notably the surgical technic. It has been learned that powerful germicides do more harm than good. If of sufficient strength to destroy the invading bacteria, they attack as

well sound, normal tissue, and weaken and destroy that.

Surgeons at the front have sent back word that the correct procedure is to cleanse the wound, and then protect it from later infection, doing, at the same time, all that may be done to stimulate, tone, reinforce and strengthen the defending tissues, allowing the body itself to take care of the work of restoration. To arouse the ambition of the phagocytes and tissue cells, to feed them, to reinforce them—that is the modern method of combatting infection.

In treating Pyorrhea by the old method, powerful germicides and disinfectants, intensive scaling was the rule. True enough, good results seemed to follow in many cases, at least temporarily; but the remedy often proved as bad or worse than the disease.

Take the case of common salt water: Until quite recently many dentists prescribed a rather heavy solution of chlorid of sodium as a dentifrice and mouth-wash, in spite of the fact that such a solution of greater density than normal—0.6 to 0.9—will devitalize normal cells with which it comes into contact. Of course, cells are protected to some extent; nevertheless, salt, even in food, should be used very sparingly, and when used for other purposes, not permitted to remain in the mouth longer than a few minutes. Dr. Herman Prinz and others have made valuable contributions to dental literature on this subject, which is far more important than generally is supposed.

THE NEW WAY TO TREAT PYORRHEA

All tissues must be treated gently and with respect. Every minute particle of the body is part of our wonderful organism, and at no time should be maltreated. When invaders attack it, beyond its own power of resistance, it needs to be strengthened, stimulated and encouraged, not poisoned by the administration of drugs of unknown potency—and that germicides and strong antiseptics still are used is sufficient evidence that they are not known and not at all understood.

Dr. Martin's Treatment

Sometime since our attention was attracted to a preparation then being offered to the profession by Dr. George B. Martin, for the treatment of Interstitial Gingivitis and Pyorrhea Alveolaris, that seemed to us to rest upon a correct and modern conception of disease and its treatment. Clinical evidence appearing to sustain this idea, we began to experiment with it in a small way, placing supplies in the hands of dentists who were making something of a specialty of pyorrhea and kindred lesions, upon one condition only: That they try the preparation as directed, and report results, without fear or favor.

Results in one case only need be cited here, that of a dentist who accepted the outfit only under protest, stating frankly and with emphasis that he probably never should use it, because he had worked out a treatment of his own that he had found dependable and very satisfactory.

Months passed without a word from him. In the meantime we had received such unanimously favorable reports from others that we decided to take over the sale of the Treatment, and go ahead with it in a small way.

One day, after a considerable demand for Martin's Treatment had been created, this particular D. D. S. came in and reported almost astounding success under very unfavorable conditions. It seems that this practitioner had one very bad case that he had had under treatment for some two years, finally reaching the point where he felt that he had mastered the symptoms, and where, with care and frequent treatments, he could hold the case in *status quo* indefinitely.

However, on the last visit of the patient alarming symptoms appeared, and our friend was most decidedly puzzled. As he expressed it: "He had gone 'way back, worse than I had thought possible. I did not know what to do. My own treatment had failed to hold him.

Finally, after considerable hard thinking, I remembered your outfit. As there seemed nothing else left for me to do, I decided to try it. I did so, and results were most remarkable. I produced better reaction in ten days than I had been able to do with my own remedies in two years. and the case now seems in good condition. It is my intention to use Martin's Treatment constantly hereafter."

He has done so, and now is able to welcome pyorrhea patients with the same assurance of relief as would be the case were they troubled with a simple toothache. To him we owe the perfection of technic which has been found so successful in many cases.

It is hardly necessary to say that Martin's Pyorrhea Treatment rests upon modern theories of medicine. While it does contain mild germicides and antiseptics, its results are produced by stimulating, toning and arousing the resisting powers of normal tissues, and inhibiting the proliferation of pathogenic bodies, rather than by destroying the invading micro-organisms. Its helpfulness is so noticeable that patients often speak of the feeling of well-being that follows its first application.

"In living systems, if we want temporarily or permanently to transform an active mass into an inactive mass, we must use a certain agent in whatever amount needed. It has been found that the amount of reagents, chemicals and electrical forces used in electrolytic medication would not transform, *directly*, mixed oral bacteria in the time available, when under the conditions which exist in the human mouth—that, for example, bacteria would withstand concentrated carbolic acid for more than five minutes. Chemical reactions require time. To have reproducable results in treating any disease, in recreating destroyed tissue and the like, we must respect quantities and time."

QUALITATIVE ANALYSIS

Here is a qualitative analysis of the Treatment, together with the action of each element, which may be confirmed by reference to the standard works on such subjects, including Gorgas' "*Dental Medicine*," Buckley's "*Materia Medica*," Printz's "*Materia Medica and Therapeutics*." Every ingredient is well known, most of them having been used for years for similar ailments, even away back in the times of our grandmothers:

Oil of Gaultheria (Wintergreen); methyl salicylate. Stimulating; mildly antiseptic, antipyretic and astringent. Inhibiting, weakening, and "discouraging" to bacterial growth.

Hydrastis (Golden Seal or Yellow Root): Tonic; stimulant; increases secretions; empties pus-pockets. Mildly astringent and antiseptic. An enemy of pus-forming micro-organisms of every type. Used for a century in the treatment of canker and other mouth diseases of childhood.

Orthoboric Acid: Mildly antiseptic; detergent; non-irritant; cleanses, purifies and stimulates mucous membrane.

Magnesium Carbonate: Antacid.

Calcium Carbonate: Antacid. Mildly astringent.

Sodium Bicarbonate: Antacid; stimulating secretions; mildly astringent; abrasive; detergent; cooling; effervescent.

Zinc Sulphate: Tonic; astringent; antiseptic; emetic; empties pus-pockets and increases secretions; antitis in every form. Used in treatment of laryngitis, conjunctivitis, etc.; useful in all pus-forming affections.

Resorcinol: Antitis; antipyretic; antiseptic; non-irritant and detergent.

Castile Soap: Cleansing; effervescent; stimulating.

Glycerine: Emallient; mildly antiseptic.

Here we have a combination summarized as follows:

Antiseptics: six elements.
Antacids: four elements.
Antitis: two elements.
Tonics: (restoring isotonism) two elements.
Pus Eliminants: two elements.
Antipyretics: two elements.
Astringents: four elements.
Stimulants: five elements.
Detergents: four elements.

METHOD OF APPLICATION

Nothing short of thorough surgical work of the most conscientious kind, using instruments properly formed for the work, in connection with the application of proper stimulating, toning, and antiseptic medicaments, correctly used, need be expected to produce satisfactory results in combating this most stubborn and baffling of all mouth diseases.

We must depend upon the mechanical removal of irritating deposits upon the roots of the teeth, and the inhibition of the growth of parasites and bacteria by the use of a treatment which, while not attacking normal living tissue, does act adversely upon all types of invading abnormal micro-organisms and, at the same time, stimulates the resistant powers of the area invaded.

Before beginning treatment, be sure that every instrument to be used within the mouth of the patient is thoroughly sterilized by immersion in Sodium Phenique Compound. See that your hands, the hands of your assistant, mouth-lamp and all other appliances, are thoroughly sterilized and maintained in that condition during the entire operation. Too great care cannot be exercised. It is suspected, but not proved, that Pyorrhea is the result of the invasion of a specific organism; until this suspicion has been confirmed by the positive isolation of the offender, care *must* be exercised to prevent infection from any source.

The necessary surgical treatment stirs up the tissues concerned to increased vitality and activity, at least temporarily; blood vessels are ruptured; not infrequently gingival margins are left in a ragged, more or less maltreated condition—all factors favoring reinfection from unclean hands, instruments, and the like.

Bear in mind that you are performing a surgical operation, calling for surgical cleanliness at every stage, upon which the comfort and not infrequently the life of the patient may depend.

Many dentists have discovered one great advantage in the use of Martin's Pyorrhea Treatment: The first

sitting of the patient may be a preparatory one. At this sitting make no attempt at difficult scaling. Instead, go carefully over the teeth, decide which are beyond saving, but do not extract *until the mouth has been restored to an aseptic condition.*

Place a small portion of the Cream in each pus-pocket, using for that purpose, the Hypodermic Tube or one of the Applicators that form part of each outfit, and massage the gums gently but thoroughly with the ball of the thumb.

Give the patient a can of Martin's Dentaline, instruct him in its use and dismiss him for two or three days. At the next sitting, you will find that the work of scaling, polishing, and all necessary instrumentation has been facilitated greatly by this preliminary work, as the Treatment possesses the quality of softening the tartar to a considerable extent, in addition to its action in reduction of inflammation and pus.

The prophylactic work must be done with great care. Work slowly and gently. Do not lacerate or in any way abuse the tissues. Tissue-abuse should not be tolerated in any surgical operation, much less in such an operation as scaling the teeth, where each torn gum stands as a gaping mouth ready for infection, protected only by the antiseptic qualities of the treatment. Co-operate; do your part skillfully, and your results will be ample reward.

Each tooth must be treated separately. It must be thoroughly cleaned and highly polished if you wish to avoid a recurrence. Use soft-rubber cups and disks, with Carmi-Lustro.

If the case is extensive, you may think best not to do all the scaling, etc., at the second sitting. There is no hurry. Apply the Cream again in the remaining pockets and repeat the operation, described above.

After scaling and polishing, wash out all pockets with normal salt solution. Just before dismissing the patient each sitting, apply another small portion of the

Cream to each pocket. Keep each patient supplied with Dentaline, for home treatment, and instruct each in its proper use.

INSTRUCTIONS TO PATIENT

The powder is best applied in this manner: Mix a small quantity in the palm of the hand, to about the consistency of thick, heavy cream. Apply to teeth and gums with the ball of the thumb, or with the soft-rubber appliance known as "Indexo," massaging the gums thoroughly for five minutes or longer, preferably after meals. If brush is used, which we do not advise, see that a very soft brush is procured, and that it is still further softened in hot water before using. Instruct the patient to rinse the teeth and the whole mouth thoroughly with the mixture before ejecting, and not to wash out the remaining powder; allow it to remain on and around the gums. Much of it will be absorbed, and the balance pass away unnoticed.

Instruct your patients to use the Dentaline at least three times per day; the more frequently the better. You will find this home treatment a very valuable assistant, and patients should be instructed to use no other dentifrice either during or after the completion of your service.

Caution your patients against the wounding of the gums with stiff brushes, dental floss or tooth-picks, particularly during treatment. Many a fine set of teeth has been ruined by the use of stiff, hard brushes.

Do not hurry; take plenty of time. You will find yourself dismissing your patients much sooner than expected, no matter how slowly you work.

There is no need of distressing your patients. Consider their comfort and your own. The Cream is very soothing; use it freely.

In fixing your fee, do not consider the time expended. Base your charges on the service rendered.

A DENTIST'S TECHNIC

The following technic was worked out and written up for us by the dentist referred to previously. He is producing seemingly satisfactory results.

ADDITIONAL TECHNIC OF SCALING

At the first sitting spray the mouth, with Mouth Lamp held on lingual surface of the lower anterior teeth and compressed air applied to the necks of the teeth by an assistant to cause the gums to stand away, thereby giving unobstructed view of the deposits.

Then use Black's binangle chisels, Nos. 15, 8, 6 to remove the deposits from labial surfaces, and Nos. 1 and 2 Harlan Scalers on accessible approximating surfaces of all the teeth with a push motion lingually. These instruments complemented with Nos. 5 and 6 may be used on the lingual and buccal surfaces of all the lower teeth Light and air both applied to field of operation.

For lingual surfaces of the lower anterior, reverse the order of light and air.

On labial surfaces use according to the position of the teeth and conditions present, Peeso's No. 1, Harlan's Nos. 1 and 2, 5 and 6 or 9 and 10, or all of them.

Upper anterior, light and air in position as below. Use Harlan's Scaler No. 3 with traction. All approximating surfaces thrust motion lingually with Harlan's Nos. 1 and 2.

On the lingual and buccal surfaces of the upper molars and bicuspids use Harlan's Nos. 5 and 6, or Marshall's Nos. 3 and 4, or Peeso's No. 1 or all of them. Keep light and air in use. Use spray as often as necessary to keep field of operation free from dried blood.

Apply Martin's Cream. After syringe is filled with the cream a pure gum finger cot should be perforated at the end and slipped on over the syringe point onto the syringe barrel. Apply a cotton roll under the upper lip and between the cheek and the teeth. Dry the gums and teeth with compressed air. Apply Martin's Cream about the necks of the teeth and work well under free

margin of the gums with a thin blunt instrument or applicator supplied with the outfit. Very gently spray off the excess, leaving all possible under the gums.

METHOD OF TREATING THE LOWER TEETH

Place cotton roll on buccal and lingual surfaces of the teeth and let it extend to the median line or further. Hold in p ace by Automaton. Dry with compressed air and apply the Cream with the syringe to the necks of the teeth. Work well under the margin of the gum with the applicator or a smooth blunt instrument. Very gently spray.

Dismiss the patient for five days.

AT SECOND SITTING

Spray the mouth. Light and air in position. Look for red spots at the gum line. Wherever these red spots are found raise gums by applying compressed air and pick off the tartar that still remains. Wherever there is a red spot there is an irritant beneath. Remove all these irritants. Smooth necks of teeth by polishing with orange wood sticks and fine polishing pumice, that has been moistened with Martin's Pyorrhea Cream. Enamel strips should be used, and give the teeth a final polishing with the polishing paste with B. S. polishers, and follow that with dry polishing pumice with the same polishers.

Apply the cream as above and give the patient a can of Martin's Dentaline with instructions.

At each subsequent sitting look for red spots. Remove underlying irritant and polish. Apply Martin's Cream as above mentioned and after, say, ten applications, if prophylaxis has been properly performed, the gums will appear normal.

Instruct the patient to return in about four months for prophylaxis. That is usually often enough and generally there will be a simple prophylaxis treatment to give and maybe an application or two of Martin's Cream.

Any teeth having roots with deposits that are inaccessible, making their removal impossible, should be removed; also those that are hopelessly disabled from any other cause.

Do not extract until mouth has been restored to aseptic condition.

INSTRUMENTS SUGGESTED:*

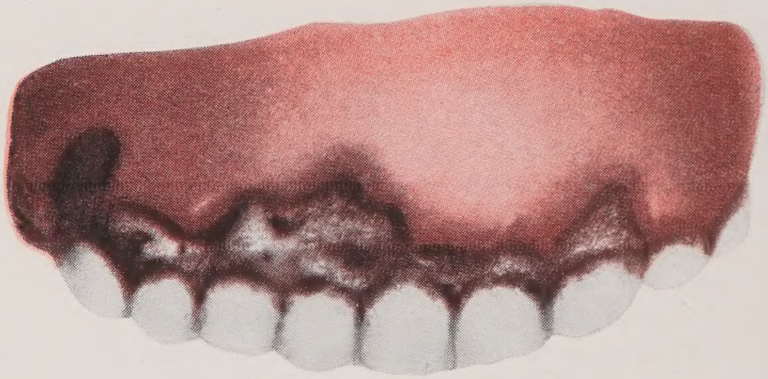
Peeso's Scaler, No. 1.
Harlan Scaler Nos. 1, 2, 3, 4, 5, 6, 9, 10.
Marshall's Pyorrhea Scaler, Nos. 3, 4.
One long thin Binangle Chisel.
Black Binangle Chisels, No. 15, 8, 6.
Electric Mouth Lamp.
Hot Air Syringe.
Spray Bottle containing warm water.
Three pure gum finger cots to be used on thumb, index and middle finger.

SUMMARY

Don't try to treat conditions that are hopeless to begin with; teeth that are fairly firmly seated with a reasonable amount of peridental membrane attachment entirely surrounding the tooth—not on one side only—enough to stand the force exerted in mastication, although the efficiency may be greatly reduced from normal, will respond to treatment. If removal of all deposits, both salivary and serumal is thorough, and the teeth well polished, applying Dr. Martin's Cream twice weekly for about ten treatments, (some cases not so many,) with co-operation of the patient at home will bring about very gratifying results to both operator and patient, and the gums will quickly return to normal color and apparently good condition.

*Other instruments of similar design may be substituted. The list given covers instruments used by the author of the technic given.

Bacteria in the test-tube will withstand concentrated sulpuhric acid for about five minutes. What would become of normal tissue under such an attack?



Treated four years ago; no return

This case came under treatment about four years ago. Condition clearly shown. After the usual number of treatments, health of remaining tissues was restored, and the teeth today are giving good service. No recurrence.

No infection can live in the human system except in the presence of a condition of excessive fatigue carried to a point beyond which the cell becomes passive and cannot "come back." The theory of Martin's Treatment is that it reenergizes, reinforces, reinvigorates and enables the tired cells to recuperate and function normally.

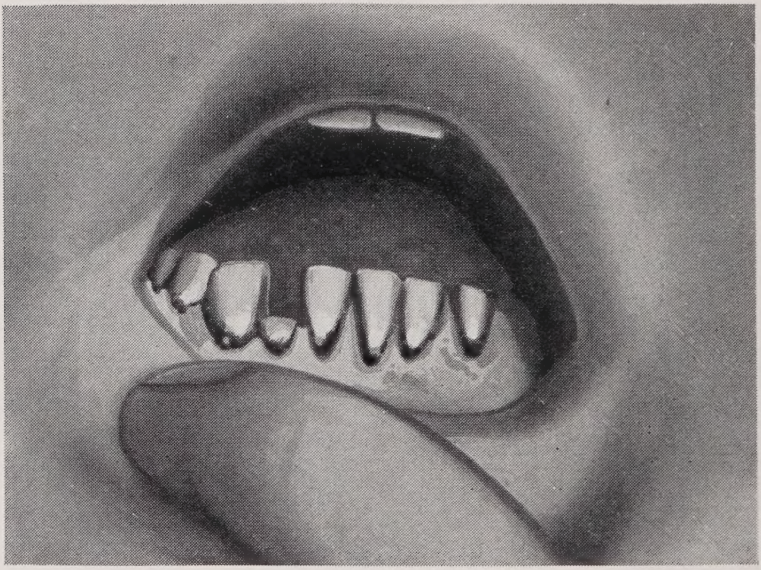
CASES FROM PRACTICE

On the following pages are presented a few illustrations of cases from practice. The cuts are made from photographs of not unusual cases presenting in ordinary practice, all of which yielded to treatment to the great betterment of the patients, locally and systemically.

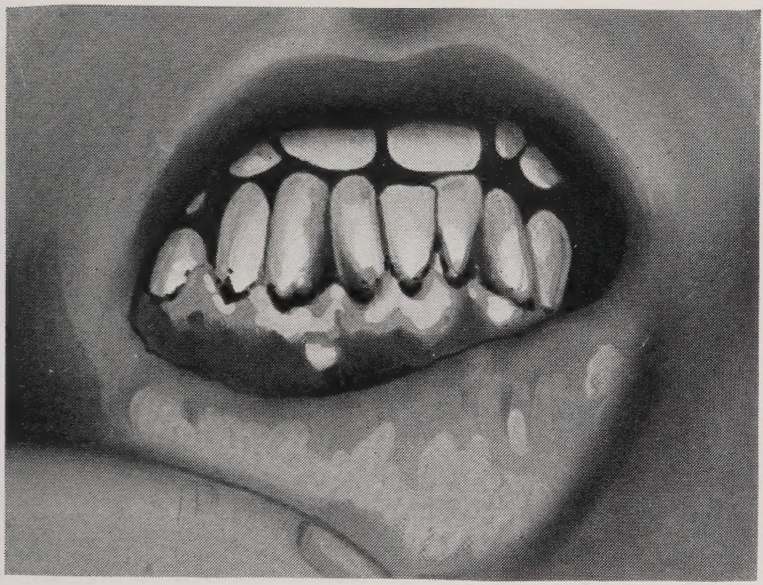
It is hoped that these pictures of actual conditions in pyorrhetic mouths may prove helpful to practitioners in more ways than one.

The book should be preserved for reference in diagnosis and prognosis, and particularly for exhibition to patients as an aid in convincing them of the conditions present in their own mouths, of the serious nature of those conditions, of your understanding of that condition, and the results likely to follow treatment.

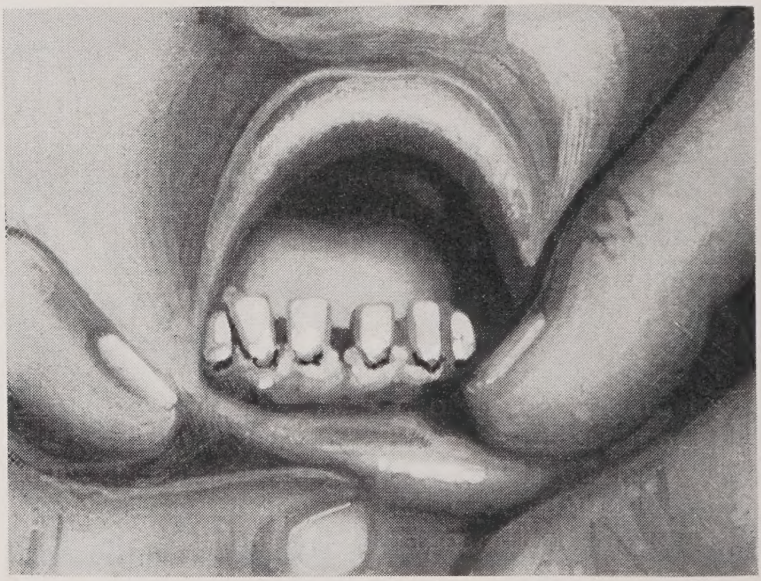
None of the cases shown may be considered as extraordinary, all of them were accompanied by serious general conditions, and all such may be accepted with the assurance of great benefit following the correct application of Martin's Treatment, accompanied by proper instrumentation.



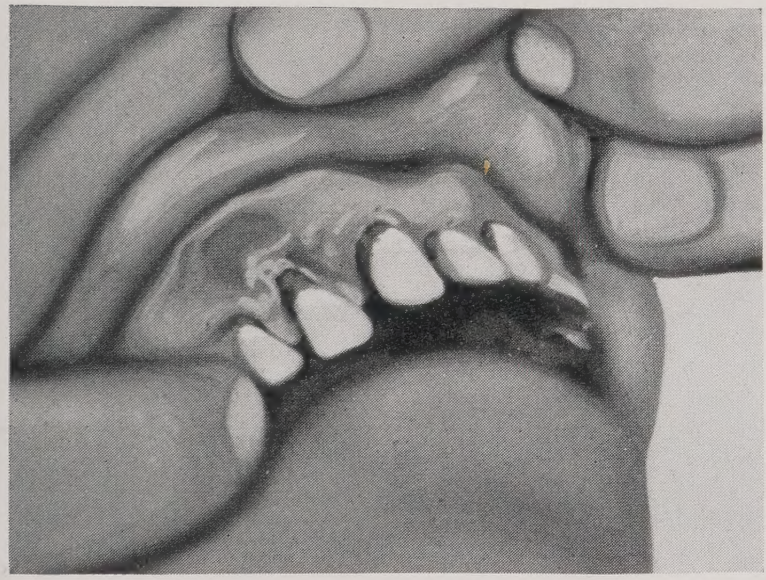
A case accompanied by stiffness of joints and other complications. Unable to work for a period of two or three months. Normal conditions restored by local and systemic treatment.



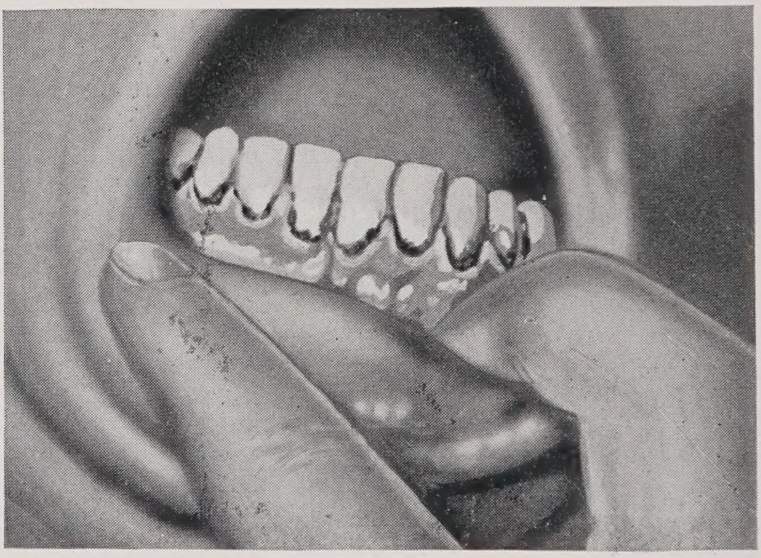
A case of primary infection, without systemic complications. Many such cases have been successfully treated by the general practitioner.



Cases like this, presenting with very badly inflamed gingiva, very sore and painful to the touch, are best handled by several thorough applications of the Cream, four or five days apart, before instrumentation is attempted. Soreness rapidly disappears under this treatment, and the thorough scaling necessary may be accomplished under most favorable conditions for both operator and patient.



In cases like this, usually accompanied by rheumatism and other systemic troubles which indicated absorption of infective materials into the circulation, treatment should proceed very slowly and cautiously, so as to avoid overloading the system with toxic detritus. After several applications of the cream, one or two teeth may be scaled, repeating the application of the Cream in the remaining pockets, and another appointment made for three or four days later. Continue this method until the case is completed. Refer to internist for systemic treatment. Prescribe Dentaline in all cases.



In cases in which tuberculosis or other serious complication is indicated or suspected, consultation with competent physician is advised and no treatment other than relief of acute local conditions should be attempted except under his advice. The bacilli of tuberculosis often are found in pus-pockets, and no scaling should be attempted until these are completely eliminated.

TO PREVENT RECURRENCE

In cases of primary infection, discharged as restored to normal, recurrence is but slightly more likely, if at all, than original affection. However, in these as in all other cases, patients should be protected so far as possible by the use of Dentaline, as directed by the dentist, and *no other dentifrice;* and should be instructed to present themselves at intervals of a few months, so long as may seem to be necessary, for careful examination and such prophylactic treatment as may then be suggested by conditions.

UNSOLICITED TESTIMONIALS

Parksley, Va., August 20, 1918

The Ransom & Randolph Co.,
Toledo, Ohio

Dear Sirs:

Inclosed please find my check for $6.00 for which please send in return, by mail, 1 doz. cans Dentaline.

I am getting splendid results with Dr. Martin's Pyorrhea Treatment.

Respectfully,
Dr. Chas. F. Turman.

Honolulu, May 21, 1918

The Ransom & Randolph Co.,
Toledo, Ohio

Gentlemen:

Sometime ago you were very kind to send me free of charge, a jar of Dr. Martin's Cream and asked me to give it a further trial and report results to you.

My first use of the treatment had seemingly been a failure and I had so written you. I had so little confidence in it that it was some time before I made a second trial, but one day a patient who I had had under my care for several years appeared with several teeth cut down by the side which bade fair to give serious trouble to bring back to health. I thought that here was a favorable opportunity to test again the Martin Treatment. I followed directions as nearly as I could, beginning the first of April. I saw him this morning after a two weeks' absence and was greatly pleased to find that so far as my delicate probes could determine, the gums which had been cut down a third or a half the length of the roots, were healed to the surface.

Yours very truly,
Dr. J. W. Whitney

Sept. 15, 1918

Dear Sirs:

I have treated between forty and fifty cases of pyorrhea with Martin's Pyorrhea Treatment in the last thirty days since I commenced the office work. I do not think that is bad for our little town and the other work I have had to do. It makes a big difference in the month's cash account and it is the easiest work of all.

Very truly yours,
(Name on request.)

Los Angeles, Cal., Oct. 18, 1917

THE RANSOM & RANDOLPH CO.,
Toledo, Ohio.

Gentlemen: I have always had much confidence in your products but now I am more convinced than ever that they are right.

A short time ago I purchased from your agent, Mr. Rydman, a Martin's Pyorrhea Outfit. Being very skeptical and pessimistic concerning the treatment of Pyorrhea, I took the outfit on approval only, but after using it just a few times, I have decided that it could not be purchased from me at ten times the purchase price.

That was sufficient to convince me that Martin's Pyorrhea Treatment is what the dental profession as well as the medical profession has been needing for years.

Since my first case under Martin's Treatment, I have had many others which have been equally successful. It has never failed yet.

Please place my name on your mailing list that I may keep in touch with your Quality Products.

Sincerely yours,
J. E. Cosgrove, D.D.S.

WOULD LIKE TO BUY IN BULK!

August 24, 1918.

THE RANSOM & RANDOLPH CO.
Toledo, Ohio.

Gentlemen: Please send another dozen Dentaline direct and charge through C. DeHaan & Co., Des Moines.

Can I buy a larger quantity of the Cream than the small jar—in pints or quarts? If there isn't a larger package, send a dozen of the small jars.

Very truly,
H. V. MACGREGOR, D.D.S.

Martin's Pyorrhea Treatment

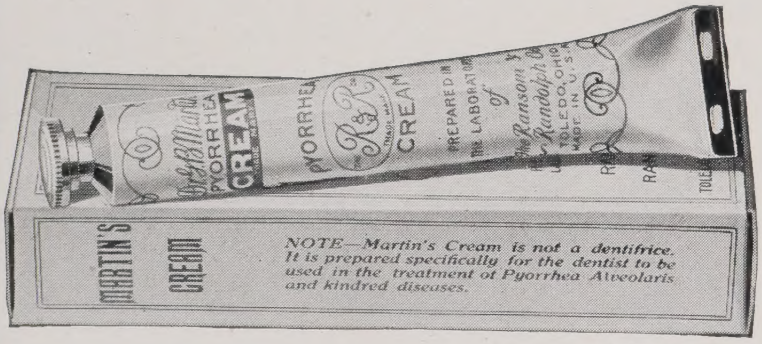
Tones, Invigorates, Revives, Restores Fatigued Cells to Normal Activity

The Treatment comprises a Cream to be applied by the Dentist and a Dentifrice, known as "Dentaline," to be used by the patient as his share of the care of his mouth. Being in the form of cream or paste, the Treatment will adhere to tissue longer than any fluid.

Suggestions

Supply Dentaline as part of treatment, to be included in total fee, rather than sell it separately during the treatment. After case is discharged, the use of Dentaline should be continued as a dentifrice; no other tooth preparation should be used.

Martin's Cream in Collapsible Tubes


MARTIN'S
CREAM
NOTE—Martin's Cream is not a dentifrice. It is prepared specifically for the dentist to be used in the treatment of Pyorrhea Alveolaris and kindred diseases.

For those who prefer a more convenient package, Martin's Cream is now packed in half-ounce collapsible tubes as shown in illustration.

The price is the same as for the small jar, $2.00 per tube.

Tubes will be included in outfits, in place of small jars, only when specified.

Prices

The Treatment is put up in complete outfit as follows:

Martin's Pyorrhea Treatment Outfit $7.75

Consists of One (1) Jar Cream, Six (6) Applicators, Six (6) Cans Dentaline (for home treatment), One (1) Martin's Pyorrhea Syringe and Tube.

Martin's Pyorrhea Cream, per Jar	$2.00
Martin's Pyorrhea Cream, per Large Jar	3.50
Martin's Pyorrhea Cream (collapsible tube)	2.00
Martin's Dentaline (for home treatment) per Doz. Cans,	6.00
Martin's Pyorrhea Syringe and Tube	2.75
Martin's Pyorrhea Syringe, without Tube	2.25
Tube only for Martin's Pyorrhea Syringe	.75
Applicators (for use with Broach Holder) per Package of Six (6)	.50

NOTE—The large size jar of Cream is not included in the Outfit. Dentaline, the home treatment, if sold to the patient, is $0.75 per can.

Use inclosed trial order blank. Fill it out, mail to your dealer, test it forty-five days in your own practice. If not fully satisfied, return amount unused and your money will be refunded.